

Citizen Police Academy Application for Enrollment

Name _____

Address _____ Zip _____

Phone () _____ - _____ Drivers License # _____

Date of Birth ____/____/____ Sex: M____ F____ Race _____

Employer/School Name _____

Business Phone (____) _____ - _____

How were you referred to the CPA? _____

List any medications and /or allergies we may need to know about.

Emergency contact Name _____ Phone _____

Have you ever been arrested for a felony or are you currently on parole or Probation? (A background check will be conducted on each applicant. Any intentional misrepresentation will be grounds for immediate dismissal.).

_____ If Yes, Please Explain _____

I _____ hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission, with respect to the West Jordan Police Department, to conduct a background investigation to determine my suitability for admission to this program.

Signature _____ Date _____

Complete and return to:

**CPA Coordinator
WJPD Training Academy
8040 South Redwood Road
West Jordan, Utah 84088**

For more information please call the CPA Coordinator at (801)256-2000

Fax (801) 562-2105